



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévus le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de
longue durée**

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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection September 24, 2010	Inspection No/ d'inspection 2010_188_8567_24Sep092917	Type of Inspection/Genre d'inspection Critical Incident Log # O-001667
Licensee/Titulaire Bruyère Continuing Care Inc. 43 Bruyère St Ottawa ON K1N 5C8 Fax: (613) 562-6367		
Long-Term Care Home/Foyer de soins de longue durée Résidence St-Louis 879 Hiawatha Park Drive Ottawa ON K1C 2Z6 Fax: (613) 824-8064		
Name of Inspector(s)/Nom de l'inspecteur(s) Lyne Duchesne #117		
Inspection Summary/Sommaire d'inspection		



The purpose of this inspection was to conduct a critical incident inspection related to the alleged assault of a resident.

During the course of the inspection, the inspector spoke with the home's Senior Director, Residential Services and Administrator, LTC ; the home's director of care; the home's acting director of care; and to a resident.

During the course of the inspection, the inspector reviewed a resident's health care records, observed a room and observed a resident's facial skin integrity and examined a dressing to the right forearm.

The following Inspection Protocols were during this inspection:

- Ad Hoc Notes
- Prevention of Abuse and Neglect

1 Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN
1 VPC

NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with the LTCHA, 2007 S.O. 2007, c.8, s. 3

- (1) Every licensee of a long-term care home shall ensure that the following right of residents are fully respected and promoted:
 2. Every resident has the right to be protected from abuse.

Findings:

1. On September 20, 2010, a health care aid struck a resident's left side of the face and neck with his/her hand. The resident sustained red marks to the side of the face and neck. The physical assault was witnessed by the unit registered practical nurse and another health care aid.
2. The home's administration took immediate action when notified of the incident, to ensure resident safety and the prevention of further potential abuse. .



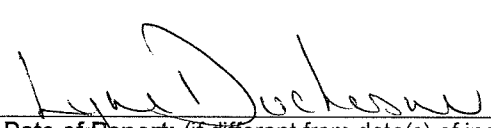
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Inspector ID #:	# 117
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<p>VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i>, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance regarding the prevention of abuse of the resident to be implemented voluntarily.</p>	
	# 117

<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.</p>
<p>Title: _____ Date: _____</p>	<p> Date of Report: (if different from date(s) of inspection). October 18, 2010</p>